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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/772,445			ing Date 29/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								O SMALL ENTITY ☐ OR SM				
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		*		X \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1 16(s))	FEE she is \$	ets of pap 250 (\$125 itional 50	er, the applica for small enti sheets or frac	vings exceed 100 ation size fee due ty) for each tion thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	06/10/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	- 58	Minus	·· 128	= 0	l	X \$ =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	· 2	Minus	···10	= 0	1	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,160))		Minus	**	-	1	x s =		OR	x s =		
N	Independent (37 CFR 1.16(h))		Minus	***	-]	X \$ =		OR	X \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.18(s))]						
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))								OR			
TO A MARKET TO A M									OR	TOTAL ADD'L FEE		
***	"If the ontry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: #fin-#fighest Mumber Previously Paid For IN THIS SPACE is less than 3, enter 3". #If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

ring collection of information is equified by every depiction of the control of t ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.